

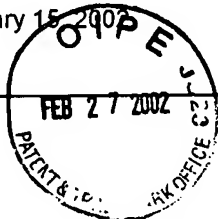
Receipt #3

CERTIFICATE OF MAILING

I certify that this document is being deposited with the U.S. Postal Service as First Class Mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Box Missing Parts, Washington, D.C. 20231.

Date: February 15, 2002

Nehorah A. Meyer
Signature of Person Mailing Correspondence



IN THE UNITED STATES PATENT
AND TRADEMARK OFFICE

PATENT

Inventor(s): Stamm, et al.

Docket No.: 39672.0200

Serial No.: 10/028,335

Group Art No.: 3713

Filing Date: December 21, 2001

Examiner: To Be Assigned

Confirmation No.: 2536

Title: **SYSTEM AND METHOD FOR FACILITATING EARLY
CHILDHOOD BRAIN DEVELOPMENT**

FIRST REQUEST FOR CORRECTION OF FILING RECEIPT DATA

Assistant Commissioner for Patents
Box Missing Parts
Washington, D.C. 20231

Assistant Commissioner:

Thank you for the "Filing Receipt" in the above-identified utility patent application. Please correct the following error, a copy of the Filing Receipt with the requested correction noted thereon is enclosed:

**SYSTEM AND METHOD FOR FACILITATING EARLY CHILDHOOD BRAIN
DEVELOPMENT**

With the requested correction, the Filing Receipt will agree with the patent application as filed. We look forward to receiving a corrected Filing Receipt for this application.

If you should have any questions, please do not hesitate to contact the undersigned at the telephone number listed below.

Respectfully submitted,

Dated: February 15, 2002

By Howard I. Sobelman, Reg. No. 39,038

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO.	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/028,335	12/21/2001	3713	370	39672.0200	10	20	3

20322
✓ SNELL & WILMER
ONE ARIZONA CENTER
400 EAST VAN BUREN
PHOENIX, AZ 850040001

CONFIRMATION NO. 2536

FILING RECEIPT



OC000000007378687

Date Mailed: 01/28/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

✓ Jill Stamm, Phoenix, AZ;
Janet Johnson, Phoenix, AZ;

Domestic Priority data as claimed by applicant

Foreign Applications

If Required, Foreign Filing License Granted 01/28/2002

Projected Publication Date: 06/26/2003

Non-Publication Request: No

Early Publication Request: No

✓ ** SMALL ENTITY **

Title

BRAIN
System and method for facilitating early childhood development

Preliminary Class

434

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Bib Data Sheet

CONFIRMATION NO. 2536

SERIAL NUMBER 10/028,335	FILING DATE 12/21/2001 RULE	CLASS 434	GROUP ART UNIT 3714	ATTORNEY DOCKET NO. 39672.0200	
APPLICANTS Jill Stamm, Phoenix, AZ; Janet Johnson, Phoenix, AZ; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 01/28/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged		STATE OR COUNTRY AZ	SHEETS DRAWING 10	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
ADDRESS 20322					
TITLE System and method for facilitating early childhood brain development					
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		